



1637
Docket No.: PF-0695-2 CON

Certificate of Mailing

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Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 3, 2003.

By: Lisa McDill Printed: Lisa McDill

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Yue et al.

Title: FULL-LENGTH EXPRESSED GENETIC MARKERS

Serial No.: 09/938,803 Filing Date: August 24, 2001

Examiner: Chunduru, S. Group Art Unit: 1637

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Limited Recognition (1 pg.);
3. Response to Restriction Requirement (8 pp.);
4. Certificate of Revocation of Power of Attorney (2 pp.); and
5. Associate Power of Attorney (1 pg.).

The fee has been calculated as shown below.

| Claims | Claims After Amendment | - | Claims Previously Paid For | = | Present Extra | Other Than Small Entity Rate | Fee | Additional Fee(s) |
|--|------------------------|---|----------------------------|---|---------------|------------------------------|-------|-------------------|
| Total | 23 | - | 21 | = | 2 | x\$18.00 | 36.00 | \$ 36.00 |
| Indep. | 2 | - | 3 | = | 0 | x\$86.00 | 0 | \$ 0 |
| First Presentation of Multiple Dependent Claims: | | | | | | +290.00 | 0 | \$ 0 |
| | | | | | | Total Fee: | \$ | 36.00 |

No additional Fee is required.

Please charge Deposit Account No. **09-0108** in the amount of : \$ **36.00**

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A **duplicate copy of this sheet is enclosed**.

Respectfully submitted,

INCYTE CORPORATION


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Date: November 3, 2003

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